# DOCUMENT INVENTORY FORM - ETS

Name: ———

~~Department:~~ ISM

Office Location: —

Tel. Extension: —

TEAM

ISM

Please provide estimates of ETS related records in each of the following:

| Subject/Category | Record Type | Quantity | Location ROOM | FORM OF STORAGE ~~Medium~~ | Time Period |
|---|---|---|---|---|---|
| — | DIAGRAMS | | | — | |
| | DOCUMENTATION | | | | |
| | PHF | | | | |
| | PROTOCOLS | 1 | 447 | Ordner | |
| | RAW DATA | | | | |
| | REPORTS | | | | |
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